

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000076422

FILED  
Apr 25, 2012  
Secretary of State

**Entity Name:** NATIONAL PATIENT ADVOCATE, INC.

**Current Principal Place of Business:**

6919 W BROWARD BLVD.  
#182  
PLANTATION, FL 33317 US

**New Principal Place of Business:**

**Current Mailing Address:**

6919 W BROWARD BLVD  
#182  
PLANTATION, FL 33317 US

**New Mailing Address:**

6919 W BROWARD BLVD.  
#182  
PLANTATION, FL 33317 US

**FEI Number:** 27-0912206

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLEDER BOWERS, CATHY  
6919 W BROWARD BLVD.  
#182  
PLANTATION, FL 33317 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FLEDER BOWERS, CATHY  
Address: 6919 W BROWARD BLVD., #182  
City-St-Zip: PLANTATION, FL 33317 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CATHY FLEDER BOWERS

P

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date